

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Children's Community-Based Health Care Center code
- 2) Code Citation: 77 Ill. Adm. Code 260
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
260.1000	Amend
260.1050	Amend
260.1700	Amend
260.1800	Amend
260.1850	New
260.1900	Amend
260.1950	New
260.2000	Amend
260.2100	Amend
260.2200	Amend
260.2300	Amend
260.2400	Amend
260.2500	Amend
- 4) Statutory Authority: Alternative Health Care Delivery Act [210 ILCS 3]
- 5) Effective Date of Rulemaking:
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: 37 Ill. Reg. 6135 – 5/10/13
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version:

The following changes were made in response to comments received during the first notice or public comment period:

1. In subsection 260.1800(b)(4), third line, “who” was inserted after “and”.

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2. In subsections 260.1800(d)(10) and (11), second line, “significant” was inserted after “no”.
3. In subsection 260.1800(e)(1), “direct, visual” was inserted after “1:1”.
4. In subsection 260.2200(~~j~~)(~~h~~), “~~j~~h” was changed to “j”.
5. In subsection 280.2200(h), “k” was inserted and “h” was stricken, and in line 3 of the subsection, “; however, a second nurse shall be in a facility even when the number of children in a facility is below four” was inserted after “children”.

The following changes were made in response to comments and suggestions of JCAR:

1. “the parent or” was deleted from lines 2 and 5 of subsection 260.1800(b)(5) and from line 2 of Section 260.1900(e).
2. “that will help the child’s stay” was deleted from subsection 260.1800(b)(5)(I), and the final line of the subsection was changed to, “the child’s preferences or habits, that will assist in the child’s care”.
3. “parent or” was deleted from subsection 260.1800(d)(3), and from subsections 260.1900(h), (i), (k), and (l).
4. In subsection 260.1800(d)(16), “parents/” was deleted and “after” was changed to “prior to”.
5. “child’s parent or” was stricken from Sections 260.1900(f), (j), and (k). “child’s parent or” was deleted from Section 260.1950(c).
6. “parent’s or” was deleted from Section 260.1900(i).
7. “parent or child’s” was stricken from line 3 of Section 260.1900(n), and was stricken from line 2 and lines 4-5 of Section 260.1900(q).
8. “, parent” was stricken from subsection 260.1900(r)(3).
9. “child’s parent and” was stricken from subsection 260.1900(r)(4).
10. In Section 260.2200(n), “, for registered nurses,” was inserted after “including”, and “for registered nurses” after “equipment” was deleted.

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In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking: The Children's Community-Based Health Care Center Code regulates admission criteria, children's rights, child care services, medication policies, and the physical plant for children's community-based health care centers. This rulemaking is being undertaken to strengthen and clarify the admission criteria and staff requirements for the different types of children's services that facilities provide, such as respite care, transitional care, medical day care, and weekend camps. Two Sections are being added to, respectively, provide minimum standards for medical oversight and strengthen and clarify the minimum requirements for reporting allegations of abuse and neglect.
- 16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

217/782-2043
e-mail dph.rules@illinois.gov

The full text of the adopted amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 260

CHILDREN'S COMMUNITY-BASED HEALTH CARE CENTER CODE

Section

260.1000	Definitions
260.1050	Incorporated and Referenced Materials
260.1100	Demonstration Program Elements
260.1200	Application for and Issuance of a License to Operate a Children's Community-Based Health Care Center Model
260.1300	Obligations and Privileges of Children's Community-Based Health Care Center Models
260.1400	Inspections and Investigations
260.1500	Notice of Violation and Plan of Correction
260.1600	Adverse Licensure Action
260.1700	Policies and Procedures
260.1750	Health Care Worker Background Check
260.1800	Admission and Participation Practices
<u>260.1850</u>	<u>Medical Oversight</u>
260.1900	Child's Rights
<u>260.1950</u>	<u>Reporting Requirements for Allegations of Abuse and Neglect</u>
260.2000	<u>Medical Day Care</u> Child-Care Services
260.2100	Medication Administration
260.2200	Personnel
260.2300	Food Service
260.2400	Physical Plant
260.2500	Quality Assessment and Improvement

AUTHORITY: Implementing and authorized by the Alternative Health Care Delivery Act [210 ILCS 3].

SOURCE: Adopted at 22 Ill. Reg. 3899, effective February 20, 1998; amended at 24 Ill. Reg. 14016, effective August 31, 2000; amended at 26 Ill. Reg. 11974, effective July 31, 2002; emergency amendment at 27 Ill. Reg. 7937, effective April 30, 2003, for a maximum of 150 days; emergency expired September 26, 2003; amended at 27 Ill. Reg. 18070, effective November 12, 2003; amended at 30 Ill. Reg. 883, effective January 9, 2006; amended at 31 Ill. Reg. 3008, effective February 2, 2007; amended at 34 Ill. Reg. 2551, effective January 27, 2010;

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amended at 34 Ill. Reg. 10162, effective June 30, 2010; amended at 38 Ill. Reg. _____, effective _____.

Section 260.1000 Definitions

The following terms shall have the meanings ascribed to them here whenever the term is used in this Part.

Abuse – any physical or mental injury or sexual assault inflicted on a ~~client~~patient other than by accidental means in a ~~facility~~center. Abuse includes:

Physical abuse refers to the infliction of injury on a ~~client~~patient that occurs other than by accidental means and that requires (whether or not actually given) medical attention.

Mental injury arises from the following types of conduct:

Verbal abuse refers to the use by a licensee, employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to ~~clients~~patients or within their hearing or seeing distance, regardless of their age, ability to comprehend or disability.

Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by a licensee, employee or agent.

Sexual harassment or sexual coercion perpetrated by a licensee, employee or agent.

Sexual assault.

Act – the Alternative Health Care Delivery Act [210 ILCS 3].

Affiliate –

With respect to a partnership, each partner ~~thereof~~;

With respect to a corporation, each officer, director and stockholder ~~thereof~~;

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With respect to a natural person: any person related in the first degree of kinship to that person; each partnership and each partner of the partnership thereof of which that person or any affiliate of that person is a partner; and each corporation in which that person or any affiliate of that person is an officer, director or stockholder.

Board – *the State Board of Health.* (Section 10 of the Act)

Charitable Care – the intentional provision of free or discounted services to persons who cannot afford to pay.

Children or Child with Special Health Care Needs – those children who have or are at increased risk, or a child who has or is at increased risk, for chronic physical ailments and who require health and related services of a type or amount beyond that which children generally require.

~~Child's~~Children's Representative – a person authorized by law to act on behalf of the child.

Children's Community-Based Health Care Center ~~or Center~~ – *a designated site that provides nursing care, clinical support services, and therapies for a period of one to 14 days for short-term respite care stays and one to 120 days to facilitate transitions to home or other appropriate settings for medically fragile children, technology dependent children, and children with special health care needs who are deemed clinically stable by a physician and are younger than 22 years of age. This care is to be provided in a home-like environment that serves no more than 12 children at a time.* (Section 35(3) of the Act)

Client – a child who has met the admission criteria in Section 260.1800 and who has been admitted to a facility.

Demonstration Program or Program – *a program to license and study alternative health care models authorized under the Act.* (Section 10 of the Act)

Department – *the Illinois Department of Public Health.* (Section 10 of the Act)

Diagnostic Studies – any analytic tests, including, but not limited to, heart monitoring or sleep tests, used in identifying the nature or cause of an illness, disorder or problem that are typically done in the home and that are conducted in

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a Children's Community-Based Health Care Center for children with special health care needs.

Dietitian – a person who is a licensed dietitian as provided in the Dietetic and Nutrition Services Practice Act [225 ILCS 30].

Director – the *Director of Public Health* or designee. (Section 10 of the Act)

Facility – same as Children's Community-Based Health Care Center.

Hospital – a facility licensed pursuant to the Hospital Licensing Act [210 ILCS 85].

Inspection – any survey, evaluation or investigation of the Children's Community-Based Health Care Center's compliance with the Act and this Part by the Department or designee.

Licensee – the person or entity licensed to operate the Children's Community-Based Health Care Center ~~Model~~.

Medical Day Care – care provided by a Children's Community-Based Health Care Center for children with special health care needs for no more than 12 in 24 hours, in accordance with Section 260.1800(c) of this Part.

Medically Fragile Children – children who are medically stable but require skilled nursing care, specialized therapy, and specialized medical equipment and supplies to enhance or sustain their lives. "Medically fragile children" may include, but is not limited to, children who have neuro-muscular disease, heart disease, cancer, seizure disorder, spina bifida, chronic lung disease, or other medical conditions that threaten the child's ability to thrive and to survive without proper medical care.

Neglect – a failure in a ~~facility~~center to provide adequate medical or personal care or maintenance, resulting in physical or mental injury to a ~~client~~patient or in the deterioration of a ~~client's~~patient's physical or mental condition. Neglect shall include any situation in which failure to provide adequate medical or personal care or maintenance:

~~failure to provide adequate medical or personal care or maintenance~~
causes injury or deterioration that is ongoing or repetitious; or

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~~failure to provide adequate medical or personal care or maintenance~~
results in a ~~client~~patient requiring medical treatment; or

~~failure to provide adequate medical or personal care or maintenance~~
causes a noticeable negative impact on a ~~client's~~patient's health, behavior
or activities for more than 24 hours.

Physician – a person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 60].

Registered Nurse – a person who is licensed as a registered professional nurse under the Nurse Practice Act [225 ILCS 65].

Respite Care – care for children who are under age 22, are medically complex, have a medical condition that requires care to be delivered by a nurse or a trained parent/caregiver, and who are admitted for no more than 14 days.

Restraint – any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of the child to move his or her arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the child's behavior or restrict the child's freedom of movement and is not a standard treatment or dosage for the child's condition. A restraint does not include ~~devices such as~~ orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or ~~other~~ methods that involve ~~physically the physical~~ holding ~~of the child to conduct for the purpose of~~ conducting routine physical examinations or tests, or to protect the child from falling out of the bed, or to permit the child to participate in activities without the risk of physical harm.

Serious Injury – any significant impairment of the physical condition of the child as determined by qualified medical personnel. This includes, but is not limited to, burns, lacerations, bone fractures, substantial hemotoma and injuries to internal organs, whether self-inflicted or inflicted by another person.

Substantial Compliance – meeting requirements except for variance from the strict and literal performance, which results in unimportant omissions or defects given the particular circumstances involved. This definition is limited to the phrase as used in Section 260.1200.

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Technology Dependent Children – medically fragile children who require the constant or regular intermittent use of technology to meet their medical needs. This technology may include, but is not limited to, devices that assist or support breathing, monitor bodily functions, or provide nutrition.

Weekend Camps – a planned program for medically fragile children, technology dependent children, or children with special health care needs that ~~consists~~ typically occurs from Friday afternoon through Sunday evening.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.1050 Incorporated and Referenced Materials

- a) The following Illinois statutes and administrative rules of the Department of Public Health are referenced in this Part:
 - 1) State of Illinois Statutes:
 - A) Hospital Licensing Act [210 ILCS 85]
 - B) Illinois Health Facilities Planning Act [20 ILCS 3960]
 - C) Medical Practice Act of 1987 [225 ILCS 60]
 - D) ~~Nurse~~Nursing and Advanced Practice ~~Nursing~~ Act ~~of 1987~~ [225 ILCS 65]
 - E) Dietetic and Nutrition Services Practice Act [225 ILCS 30]
 - F) Abused and Neglected Child Reporting Act [325 ILCS 5]
 - 2) Department of Public Health Administrative rules:
 - A) ~~Rules of~~ Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
 - B) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
 - C) Food Service Sanitation Code (77 Ill. Adm. Code 750)

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- D) Drinking Water Systems Code (77 Ill. Adm. Code 900)
- E) Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)
- F) Private Sewage Disposal Code (77 Ill. Adm. Code 905)
- G) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- H) Long Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395)

- b) The following private and professional association standards are incorporated in this Part:

National Fire Protection Association (NFPA) standard No. 101: Life Safety Code, 2000 edition, ~~Chapter 32~~chapter 23, "~~New~~Existing Residential Board and Care Occupancies, ~~Impractical~~", which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169-7471.

- c) All incorporations by reference of the standards of nationally recognized organizations refer to the standards on the date specified and do not include any amendments or editions subsequent to the date specified.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.1700 Policies and Procedures

- a) The facility shall have policies and procedures that implement and are consistent with the provisions of this Part.
- b) The facility shall have infection control policies and procedures, which shall include at least the following:
 - 1) Compliance with the Department's rules ~~titled~~entitled "Control of Communicable Diseases Code" ~~(77 Ill. Adm. Code 690)~~;
 - 2) The use of ~~standard~~universal precautions and isolation techniques;
 - 3) A continuing program of instruction for all personnel on the mode of

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spread of infections; and

- 4) Posted ~~hand-washing~~handwashing techniques.
- c) The facility shall provide for the registration and disposition of complaints to the facility and to the Department without threat of discharge or other reprisal against any employee, volunteer, child or child's representative. The facility shall provide forms for the employee, volunteer, child or child's representative to record the day, time and nature of the complaint. For complaints made to the Department, the facility shall provide to an employee, volunteer, child and child's representative a phone and the Department's toll-free complaint hotline telephone number.
- d) The facility shall have policies covering disaster preparedness, including a written plan for staff and children to follow in case of fire, explosion, severe weather or other hazardous circumstance or emergency.
 - 1) All personnel shall be trained annually in the proper use of a fire extinguisher, and documentation of the training shall be placed in their employee file.
 - 2) All personnel shall be trained in the evacuation plan, and documentation of the training shall be placed in their employee file.
- e) The facility shall develop, with the approval of the facility's medical director, policies and procedures to be followed during ~~various~~-medical emergencies. The types of medical emergencies addressed should be based on the needs of the children being served and may include, but are not limited to, chokingforeign body aspiration, poisoning, allergic reactions, seizures, diabetic emergencies, and acute respiratory distress such as plugged tracheostomy, reactive airway, or asthmatic emergenciesasthma, convulsions, insulin shock, and acute respiratory distress.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.1800 Admission and Participation Practices

- a) The ~~facility~~center shall establish admission criteria for respite care~~short-term stays~~ that provide for:

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- 1) The admission of children for no more than 14 days;
- 2) The admission of children whose ~~plan of treatment~~service plan can be met by the ~~facility~~center; and
- 3) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws.

b) Eligibility for Respite Care Admissions

- 1) The child (under age 22) shall be medically complex, may be technology dependent, or shall have a medical condition that requires care to be delivered by a nurse or trained parent/caregiver.
- 2) The facility's director of nursing (DON) shall review the child's clinical documentation prior to admission. Documentation shall consist of a physician's signed plan of treatment and any other documentation necessary to provide safety and comfort in the facility environment.
- 3) The medical plan of treatment provided by the primary care physician and reviewed by the facility's medical director shall include, but not be limited to, the following:
 - A) Diagnosis;
 - B) Food or drug allergies;
 - C) Prescription medications;
 - D) Other medications, including holistic or over-the-counter;
 - E) Scheduled treatments or therapies;
 - F) Feeding and nutritional guidelines;
 - G) Vital sign and transfer parameters;
 - H) Equipment and monitoring parameters;

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- D) Current vaccines;
 - J) Any additional information that will help the child's stay, such as individual child's preferences or habits to assist in the child's care; and
 - K) Any activity restrictions.
- 4) The facility shall employ registered nurses who are trained in cardio-pulmonary resuscitation (CPR), are certified in Pediatric Advanced Life Support, and who have additional training on equipment specific to the child, such as ventilator equipment.
- 5) Prior to a child's admission for respite care, the facility shall conduct an assessment of the child, review the home care plan with the child's representative, and develop a plan of treatment to meet the needs of the child. The facility shall obtain the information that forms the basis for the plan of treatment from the child's representative. That information shall include, but not be limited to:
 - A) A description of the child's usual routine;
 - B) Instructions for the child's personal care;
 - C) Food preferences and feeding schedule;
 - D) Food, drug or other allergies;
 - E) Scheduled treatments or therapies;
 - F) Vaccines and immunizations;
 - G) Educational or therapy programming;
 - H) Emergency contact information; and
 - I) Any additional information, such as the child's preferences or habits, that will assist in the child's care.

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c)b) ~~The facility shall establish admission criteria for transitional care. To facilitate transitions to home or other appropriate settings, the center shall establish admission criteria~~ that provide for:

- 1) The admission of children for no more than 120 days;
- 2) The admission of children whose ~~plan of treatment~~service plan can be met by the ~~facility~~center; and
- 3) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws.

d) Eligibility Criteria for Transitional Care Admissions

- 1) The child (under age 22) shall be medically complex, may be technology dependent, or shall have a medical condition that requires care to be delivered by a nurse or trained parent/caregiver.
- 2) The facility shall employ Registered Nurses who are current in CPR and are certified in Pediatric Advanced Life Support, and who have additional training on equipment specific to the child, such as ventilator equipment.
- 3) The child shall have an identified representative and place of residence.
- 4) The child shall have an identified primary care physician prior to admission.
- 5) The facility's medical director shall review the child's clinical documentation prior to admission. Documentation shall include, but not be limited to, a plan of treatment, hospital physician progress notes, medical history and a physical examination, and any other documentation that would assist the facility in caring for the child.
- 6) A child being referred from an acute care or intermediate care hospital shall have a complete onsite preadmission assessment by the facility's DON before admission is approved.
- 7) The child's diagnosis or history shall not include behaviors that would interfere with the safety of the child or others, or that would prevent him

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or her from being safely cared for in the physical and medical environment provided.

8) The child shall be clinically stable.

9) A child with a new tracheostomy shall be stable and shall have the first tracheostomy change done in the hospital setting prior to transfer.

10) A child transferring from a newborn intensive care unit (NICU) shall be stable on the home ventilator for one month with no significant setting changes.

11) A child transferring from a pediatric intensive care unit (PICU) shall be stable on a home ventilator for one week with no significant setting changes.

12) If, at the time of admission, a child currently is being treated for a bacterial infection, the child shall have been on antibiotics and afebrile for 48 hours prior to admission.

13) The child shall tolerate his or her feedings or have an alternative means of nutrition.

14) Vaccines and immunizations shall be current.

15) Durable medical equipment company supplies shall be functional and present 24 hours prior to admission unless the hospital's durable medical equipment company is the admitting facility's durable medical equipment company.

16) Identified child's representative shall sign or have signed a training agreement within 24 hours prior to admission.

e) The child shall be ineligible for admission if he or she requires any of the following:

1) Continuous 1:1 direct, visual nursing supervision or care;

2) Scheduled nebulizer treatment more frequently than every two hours;

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- 3) Scheduled supplemental oxygen greater than 40% FiO₂:
- 4) Hyperalimentation requiring daily adjustments:
- 5) End tracheal intubation; or
- 6) Pressor medications requiring monitored adjustments.
- f) Within the first eight hours after admission, the child shall undergo a complete assessment, and a nursing narrative shall be completed to ensure that the child meets the admission criteria of this Section.
- g) The facility shall admit and serve only those children for whom it has the trained personnel, equipment and supplies to meet the plan of treatment and to ensure the safety of the child.
- h) A personal physician shall be identified for each child admitted. The plan of treatment shall document the method for contacting the personal physician at any time.
- i) The facility shall ensure that all of a child's home medical equipment has been serviced and tagged by a durable medical equipment company within the 12 months prior to admission to the facility.
- j)e) The ~~facility~~~~center~~ shall establish participation criteria for medical day care that provide for:
 - 1) The participation of children for no more than 12 hours in 24 hours;
 - 2) The participation of children whose ~~plans of treatment~~~~service plan~~ can be met by the ~~facility~~~~center~~; and
 - 3) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws; ~~and~~;
 - 4) A staff for the medical day care that is separate and distinct from the staff that provides services for children receiving respite care or transitional care.

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- ~~k) d)~~ The ~~facility~~~~center~~ shall establish participation criteria for weekend camps that provide for:
- 1) The participation of children whose ~~plans of treatment~~~~service plan~~ can be met by the ~~facility~~~~center~~; and
 - 2) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws; ~~and-~~
 - 3) A staff for the weekend camps that is separate and distinct from the staff that provides services for children receiving respite care or transitional care.
- ~~l) e)~~ The ~~facility~~~~center~~ shall establish criteria for diagnostic studies that provide for:
- 1) Conducting only those diagnostic studies ordered by a physician and that are typically conducted in the home;
 - 2) Meeting all provisions for short-term stays, in accordance with subsection (a), if children are admitted overnight;
 - 3) The participation of children whose ~~plans of treatment~~~~service plan~~ can be met by the ~~facility~~~~center~~; and
 - 4) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws.
- ~~f)~~ ~~At the time each child is admitted, the licensee must assure that the center has conducted an assessment and has a service plan to meet the child's needs. A service plan shall consist of at least the following:~~
- ~~1) Provided by the parent or child's representative:~~
 - ~~A) a description of the child's usual routine;~~
 - ~~B) the child's food preferences;~~
 - ~~C) the child's allergies, if any;~~

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- ~~D) instructions for the child's personal care,~~
 - ~~E) information on the child's educational program, if applicable,~~
 - ~~F) an emergency phone number where the parents, guardian or other responsible person can be contacted during the child's stay, and~~
 - ~~G) any other information that will help the child's stay to be safe and enjoyable.~~
- ~~2) Provided by a physician:~~
 - ~~A) medication orders, if any,~~
 - ~~B) treatments, if any,~~
 - ~~C) nursing orders, if any,~~
 - ~~D) any activity restrictions,~~
 - ~~E) documentation of the child's current immunization status, and~~
 - ~~F) any other information that will help the child's stay to be safe and enjoyable.~~
- ~~g) Only those children shall be admitted or served for whom the center has the trained personnel, equipment, and supplies to meet the service plan.~~
- ~~h) A personal physician shall be identified for each child admitted. The service plan shall document the method for contacting this physician at any time.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.1850 Medical Oversight

- a) The facility's medical director shall be onsite a minimum of two days per week.
- b) The facility's medical director and DON, or their designees, shall be on call 24 hours per day.

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c) Medical Advisory Committee

- 1) The facility shall have a medical advisory committee that consists of multidisciplinary team members, including:
 - A) A primary care physician;
 - B) A pediatrician;
 - C) A pulmonologist or an ear, nose and throat (ENT) physician;
 - D) A registered nurse;
 - E) A respiratory therapist; and
 - F) Representatives from a hospital's emergency department, NICU/PICU, palliative care, rehabilitative services, case management and social work.
- 2) The medical advisory committee shall meet quarterly for quality review, which shall consist, at a minimum, of infection control, emergency transfers, evidence-based and best practice protocols, and family satisfaction surveys.
- 3) The medical advisory committee shall annually review all clinical policies and procedures. Documentation of the annual reviews shall be kept on file at the facility for no less than five years.
- 4) Minutes from the medical advisory committee's meetings shall be kept on file at the facility for no less than five years.

(Source: Added at 38 Ill. Reg. _____, effective _____)

Section 260.1900 Child's Rights

- a) A child shall not be deprived of any rights, benefits or privileges guaranteed by law based solely on his/her status as a ~~client~~patient of the ~~facility~~center.
- b) A child shall be permitted to retain and use or wear his/her personal property in

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his/her immediate living quarters unless deemed medically inappropriate or socially disruptive by a physician and so documented in the patient's record.

- c) The ~~facility~~enter shall make reasonable efforts to prevent loss and theft of children's property. The ~~facility~~enter shall develop procedures for investigating complaints concerning theft of children's property and shall promptly investigate ~~each complaint~~all such complaints.
- d) Children under 16 years of age who are not facility clients and who are related to employees or volunteers of a ~~facility~~enter, and who are not themselves ~~employees or volunteer~~employees/volunteers of the ~~facility~~enter, shall be restricted to ~~areas~~quarters reserved for family or employee use, except during times when these children are part of a group visiting the ~~facility~~enter as part of a planned program or similar activity.
- e) A child shall be permitted the free exercise of religion. Upon the child's request, and if necessary at ~~the expense of the child's representative~~his/her expense, the ~~facility~~enter management shall make arrangements for a child's attendance at religious services of the child's choice. However, no religious beliefs or practices, or attendance at religious services, may be imposed upon any child.
- f) The ~~facility~~enter shall immediately notify the ~~child's parent or~~ child's representative whenever the child suffers from symptoms that require treatment not listed on the child's medical care plan or any acute illness or injury~~a sudden illness or accident, or if and when unexplained absences occur~~.
- g) A child may not be transferred, discharged, evicted, harassed, ~~dismissed~~ or retaliated against for filing a complaint or providing information concerning a complaint against the ~~facility~~enter.
- h) A child's representative may not be evicted, harassed or retaliated against for filing a complaint or providing information concerning a complaint against the facility.
- i)h) A ~~child's representative~~child shall be permitted to retain the services of the child'shis/her own personal physician at the representative'shis/her own expense, under an individual or group plan of health insurance, or under any public or private assistance program providing such coverage.
- ~~i) No child shall be subjected to experimental research or treatment without first~~

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~~obtaining his/her parent's, or his/her representative's, informed written consent. The experimental research/treatment shall be part of the child's service plan.~~

- j) Every ~~child's parent or~~ child's representative shall be permitted to refuse medical treatment for the child and to know ~~that this~~the consequences of such action may result in further referrals for medical care.
- k) Every ~~child's parent or~~ child's representative shall be permitted to inspect and copy all of the child's clinical and other records concerning the child's care and maintenance kept by the ~~facility~~center or by the child's physician at the expense of the representative.
- l) All children shall be permitted respect and privacy in their medical and personal care program. Every child's case discussion, consultation, examination and treatment shall be confidential and shall be conducted discreetly. Those persons not directly involved in the child's care ~~shall~~must have the permission of the child's representative to be present at consultations, discussions, examinations and treatments.
- m) Neither physical restraints nor confinements shall be employed for the purpose of punishment or for the convenience of any ~~facility~~center personnel or volunteer. Orthopedic equipment, high~~High~~ chairs, playpens, cribs or youth beds are not restraints for children less than ~~four~~4 years old.
- n) Restraints shall be used only for the safety and security of the child upon written order of the attending physician and with the informed consent of the child's ~~parent or child's~~ representative. The physician's written authorization shall specify the precise time periods and conditions in which any restraints ~~or~~ confinements shall be employed. The reasons for ordering and using restraints shall be recorded in the child's ~~treatment~~service plan. Staff shall be trained and be able to demonstrate, at least annually, competency in the application of restraints and in the monitoring, assessment and provision of care for the client in restraints. The training shall include techniques to identify client behaviors and events that may trigger circumstances that require the use of restraints and the safe application and use of all types of restraints, including:
 - 1) Training in how to recognize and respond to signs of physical and psychological distress; and

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- 2) The clinical identification of specific behavioral or medical changes that indicate that the restraint is no longer necessary.
- o) The ~~facility~~center management shall ensure that children may have private visits at any reasonable hour unless those visits are not medically advisable for the child or are contrary to the directions of the ~~child's parent or~~ child's representative as documented in the child's ~~plan of treatment~~service plan. The ~~facility~~center shall allow daily visiting. Visiting hours shall be posted in plain view of visitors. The ~~facility~~center management shall ensure that space for visits is available and that ~~facility~~center personnel knock, except in an emergency, before entering any child's room.
- p) No visitor shall enter the immediate living area of any child without first identifying himself/herself and then receiving permission from the child to enter. The rights of other children present in the room shall be respected. ~~Facility~~Center staff may terminate visits or provide other accommodations for the visit if the child requests~~they are so requested by the child,~~ or the visitor is involved in behavior violating other children's rights.
- q) A child shall be voluntarily discharged from a ~~facility~~center after the child's ~~parent or child's~~ representative gives ~~facility~~center management, a physician, or a nurse of the ~~facility~~center written notice of the desire for the child to be discharged. A child shall be discharged upon written consent of the child's ~~parent or child's~~ representative unless there is a court order to the contrary, such as a Department of Children and Family Services (DCFS) safety plan. Upon—In such cases, upon the child's discharge, the ~~facility~~center is relieved of any responsibility for the child's care, safety or well-being.
- r) The ~~facility~~center shall establish involuntary discharge procedures in accordance with ~~subsection (s) of~~ this Section, which shall include at least the following:
- 1) Child's behavior that may result in involuntary discharge;
 - 2) Child's decline or improvement in medical condition that may result in involuntary discharge;
 - 3) Child, ~~parent~~ and child's representative counseling that may be provided to avoid involuntary discharge;
 - 4) Notification of ~~child's parent and~~ child's representative concerning

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involuntary discharge; and

5) Time frames between counseling, notice and involuntary discharge.

s) A ~~facility~~center may involuntarily transfer or discharge a child only for one or more of the following reasons:

1) The child's medical condition;

2) The child's physical safety; and

3) The child's action that directly impinges on the physical safety of other children, the ~~facility~~center staff or ~~facility~~center visitors.

t) A licensee, ~~facility~~center manager, employee, volunteer or agent of a ~~facility~~center shall not abuse or neglect a child.

~~u) A center employee, agent or volunteer who becomes aware of abuse or neglect of a child shall immediately report the matter to the center manager or designee.~~

~~v) Upon becoming aware of abuse or neglect, the center manager or designee shall immediately report the matter by telephone and in writing to the child's parent or child's representative and the Department.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.1950 Reporting Requirements for Allegations of Abuse and Neglect

a) All employees and volunteers shall be considered mandated reporters as defined in the Abused and Neglected Child Reporting Act.

1) Reports of suspected child abuse or neglect shall be immediately reported to the DCFS [Child Abuse Hotline](#) and to local law enforcement.

2) Reports of suspected child abuse or neglect shall be immediately reported to the Department of Public Health's Central Complaint Registry (1-800-252-4343).

b) A facility employee, agent or volunteer who becomes aware of abuse or neglect of a child shall immediately report the matter to the DCFS hotline, and then to the

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DON. If the abuse or neglect is alleged to be a result of actions by an employee of the facility, the facility shall immediately remove the alleged perpetrator from direct contact with the children.

- c) Upon becoming aware of abuse or neglect, the DON shall contact the local law enforcement authorities (e.g., telephoning 911 where available) and the Department, and shall confirm that DCFS was notified. The DON shall, immediately after notifying law enforcement authorities and the Department, report the matter by telephone and in writing to the child's representative.
- d) The facility shall send, by registered mail, a written report within 24 hours after the completion of the investigation to the Supervisor of Central Office Operations, Division of Health Care Facilities and Programs, at the Illinois Department of Public Health, 525 W. Jefferson St., Springfield, Illinois 62761. The facility shall keep a copy of the report on its premises.

(Source: Added at 38 Ill. Reg. _____; effective _____)

Section 260.2000 Medical Day Care~~Child Care Services~~

- a) No more than 12 children shall be served at a time.
- b) The ~~facility~~licensee shall provide services as necessary to implement and support the child's ~~service~~-plan of treatment and overall needs, including provisions for:
 - 1) Case management;
 - 2) Fostering maximum independence of the child; and
 - 3) Protection of the child's rights, privacy and dignity.
- c) The ~~facility~~licensee shall have one or more transfer agreements with hospitals to provide emergency care to children.
- d) The ~~facility~~licensee shall provide recreational and leisure activities for children during their stay, two to four hours per day as tolerated by the child.
- e) A written summary of the child's stay shall be sent home with each child. The summary shall contain documentation of any extreme (positive or negative) occurrences and any changes to the plan of treatment~~information that will~~

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~~increase continuity of services.~~

- f) All information related to the child, the child's representative or the child's plan of treatment~~service plan~~ is confidential and shall be accessible only to those individuals who need the information to assure appropriate service delivery.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.2100 Medication Administration

- a) Except for medications allowed in subsection (b) ~~of this Section~~, the only medications allowed in the facility are those for particular individual children. The medication of each child shall be kept and stored in the original container received from the pharmacy.
- 1) Each multi-dose~~multidose~~ medication container shall indicate the child's name, physician's name, prescription number, name, strength and quantity of drug, administration dose, date this container was last filled, the initials of the pharmacist filling the prescription, the identity of the pharmacy, the refill date and any ~~necessary~~ special instructions.
- 2) Each single unit or unit dose package shall contain the proprietary and nonproprietary name of the drug and the strength of the dose. The name of the child and the physician do not have to be on the label of the package, but they ~~shall~~must be identified with the package ~~in such a manner as to~~ assure that the drug is administered to the correct child~~resident~~.
- b) A facility may stock a small supply of medications regularly available without prescription at a commercial pharmacy, such as non-controlled ~~:-noncontrolled~~ cough syrups, laxatives, and analgesics. These shall be given to a child only upon the order of a physician.
- c) The facility may stock a small supply of prescription medications (approved by the facility's medical director) to be available for immediate use, such as first dose antibiotics, anti-seizure drugs, or rescue drugs such as albuterol and oral steroids.
- d)e) The facility shall have a first aid kit that contains items appropriate to treat minor cuts, burns, abrasions, etc.

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- ~~e)d)~~ All medications shall be properly stored as directed in a secured location not accessible to unauthorized individuals.
- ~~f)e)~~ All medications shall be sent home with the child for whom the medication was prescribed.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.2200 Personnel

- a) Each ~~facility~~center shall develop and maintain written personnel policies that are followed in the operation of the facility~~center~~.
- b) The ~~facility~~center shall establish policies to screen all current and prospective employees and volunteers, which~~that~~ shall include at least the following:
- 1) Conduct a check of the ~~Department of Children and Family Services (DCFS)~~ Central Registry (1-800-25A-BUSE), in a form and a manner prescribed by DCFS.
 - 2) Conduct a check of the Sex Offender Registry in a form and a manner prescribed by the Illinois State Police (ISP).
 - 3) Maintain records of these checks in the employee's personnel file or the volunteer's file.
- c) The ~~facility~~center shall define in policy ~~that whether~~ individuals with findings on the DCFS Central Registry ~~shall will~~ be ~~ineligible~~eligible for hire or to volunteer ~~and, if so, the Center shall define the level of supervision that will be provided.~~
- ~~d)~~ ~~All employees and volunteers shall be considered mandated reporters as defined in the Abused and Neglected Child Reporting Act.~~
- ~~1) Reports of suspected child abuse or neglect shall be immediately reported to the DCFS State Central Registry (1-800-25A-BUSE) or local law enforcement.~~
 - ~~2) Reports of suspected child abuse or neglect shall be immediately reported to the Department of Public Health's Central Complaint Registry (1-800-252-4343).~~

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- d)3) The ~~facility~~~~center~~ shall provide orientation to ~~new~~~~current~~ staff regarding their responsibilities under the Abused and Neglected Child Reporting Act prior to the first day of employment and volunteers within 30 days after September 30, 2006 regarding their responsibilities under the Abused and Neglected Child Reporting Act.
- e)4) The ~~facility~~~~center~~ shall provide orientation to new ~~staff and~~ volunteers prior to within 14 days after the first day of ~~employment or~~ volunteering.
- f)5) Orientation of staff and volunteers~~This orientation~~ shall include, at least, definitions of what constitutes abuse and neglect, the individual's responsibility under the Abused and Neglected Child Reporting Act, and the center's policy on reporting abuse and neglect. This information shall be reviewed annually with current staff and volunteers.
- g)e) Each employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, children or visitors.
- 1) The initial health evaluation shall be completed no more than 30 days prior to or 30 days after the employee's first day of employment.
 - 2) The initial health evaluation shall include a health inventory from the employee, including an evaluation of the employee's immunization status.
 - 3) The initial health evaluation shall include tuberculin testing in accordance with the Control of Tuberculosis Code ~~(77 Ill. Adm. Code 696).~~
- h)f) The ~~facility~~~~licensee~~ shall provide ~~enough~~~~adequate, properly~~ trained and supervised staff to meet each child's plan of treatment~~service plan~~.
- i)g) The facility shall have a designated facility~~licensee shall designate a center~~ manager.
- j) The licensee shall have a designated director of nursing (DON). The DON shall be a registered professional nurse who holds at least a bachelor's degree in nursing or has documented experience and relevant continuing education. He or she also shall have qualifications in nursing administration and shall be employed full-time within the facility. All nursing service within the facility shall be under the

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direction of the DON.

k)h) ~~At least two registered nurses shall be~~ There shall be at least one registered nurse at the ~~facility~~ center at all times that a child is present. The minimum staffing ratio for respite and transitional care is one RN to four children; however, a second nurse shall be in a facility even when the number of children in a facility is below four. All nursing assistants shall meet training requirements by completing a training program approved under the Long Term Care Assistants and Aides Training Programs Code. At least one other staff person shall be present at the center at all times that a child is present.

l)i) The ~~facility's medical director shall be~~ center shall have a medical director who is a physician with expertise in chronic diseases of children. The ~~facility's~~ center's medical director shall ~~review~~ have responsibilities for reviewing medical protocols, ~~resolve~~ resolving issues with children's personal physicians and ~~provide~~ providing medical advice when a child's personal physician is not available.

m)j) The ~~facility~~ licensee shall define, through job descriptions, minimum nursing education and clinical experience requirements for all staff, consultants and contract staff, approved DCFS providers, and all others providing nursing services to the ~~facility~~ Children's Community-Based Health Care Center Model. All RNs and licensed practical nurses shall be CPR certified prior to employment. All RNs shall be certified in Pediatric Advanced Life Support within three months after employment.

n)k) The ~~facility~~ licensee shall provide an initial orientation and routine, pertinent training to all staff, including, for registered nurses, training on ventilator equipment within three months after employment. This training may include return demonstration, one-on-one training, small group exercises or lecture. All training shall be documented by a clinical skills checklist that includes ~~with~~:

- 1) Date ~~date~~;
- 2) Instructors ~~instructors~~;
- 3) Short ~~short~~ description of content; and
- 4) Participants' ~~participants'~~ written and printed signatures.

o)l) Prior to employing any individual in a position that requires a State license, the

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~~facility~~licensee shall contact the Illinois Department of Financial and Professional Regulation-Division of Professional Regulation to verify that the individual's license is active. A copy of the ~~verification~~license shall be placed in the individual's personnel file.

- ~~p)m)~~ The ~~facility~~licensee shall check the status of all applicants with the Health Care Worker~~Nurse Aide~~ Registry prior to hiring.
- q) All new clinical employees shall review the clinical policies and procedures manual within 15 days after employment. A letter documenting the review, signed by the facility manager, shall be kept in the employee's file.
- r) All new administrative employees shall review the facility's operation manual within 15 days after employment. A letter documenting the review, signed by the facility manager, shall be kept in the employee's file.
- s) All new employees shall receive fire safety and evacuation training upon hiring. The training shall be reviewed annually for all employees.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.2300 Food Service

- a) All children at the facility shall have a nutrition plan approved by the primary care physician prior to admission.~~At least three meals a day shall be served. Every effort shall be made to meet dietary patterns that are routine to an individual child as described in the service plan.~~
- b) The facility's medical director shall review the nutrition plans weekly.~~Snacks shall be offered between meals and at bedtime.~~
- c) Nutrition consultants shall be made available at the facility as needed.~~If a child refuses the food served, reasonable and nutritionally appropriate substitutions shall be served.~~
- d) The facility's medical director shall include a nutrition summary in the discharge plan of all children at the facility. Menus shall be planned at least one week in advance.~~All menus, as actually served, shall be kept on file for not less than 30 days.~~

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- e) If a child refuses the food provided by the caregiver, reasonable and nutritionally appropriate substitutions shall be served.
- f)e) Supplies of staple foods for a minimum of one week and of perishable foods for a minimum of two days shall be maintained on the premises.
- g)f) All food served shall be prepared in accordance with the Department's rules titled ~~entitled~~ "Food Service Sanitation Code" ~~(77 Ill. Adm. Code 750)~~.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.2400 Physical Plant

- a) Buildings shall meet the requirements established in the National Fire Protection Association (NFPA) Standard 101, Life Safety Code, ~~2000 edition~~, Chapter ~~3223~~, "~~NewExisting~~ Residential Board and Care Occupancies, ~~Impractical~~", and other referenced chapter requirements.
- b) When possible, the facility shall be located at grade level. If not at grade level, the facility shall be equipped with ramps or elevators to allow easy access for residents to the street level. Buildings shall be only one story in height, at grade level, or if a building has multiple stories, children shall be served only on the grade level story.
- c) The facility may be located within a mixed-use-occupancy building, subject to the requirements of Section 35(3) of the Act and Section 260.1300(e) of this Part. All occupancies within the building shall fully meet the life safety requirements in NFPA 101 for the occupancy for which they are designated.
- d)e) Children over six years of age occupying the same bedroom shall be of the same gender unless the children are siblings.
- e)d) ~~A~~An individual shall not need to go through a child's bedroom shall not serve as access ~~to reach~~ any other area of the building.
- f)e) The ~~facility~~center shall be kept in a clean, safe, and orderly condition and in good repair.
 - 1) Electrical, mechanical, heating/air conditioning, fire protection and sewage disposal systems shall be maintained.

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- 2) Furnishings and furniture shall be maintained in a clean, safe condition.
- 3) Attics, basements, stairways, and similar areas shall be kept free of ~~accumulation of~~ refuse, newspapers, boxes, and other items.
- 4) Bathtubs, shower stalls and lavatories shall not be used for janitorial, laundry or storage purposes.
- 5) All cleaning compounds, insecticides and other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms.

~~g)f~~ Every ~~facility~~~~center~~ shall ~~supply~~~~have an effective means of supplying~~ clean linen.

- 1) Clean linen shall be protected from contamination during handling, transport and storage.
- 2) Soiled linen shall be handled, transported and stored in a manner that protects individuals and the environment from contamination. Soiled diapers shall be placed in special diaper receptacles immediately after removal from the ~~client~~~~patient~~.

~~h)g~~ Each child shall be provided with a bed that meets his/her developmental needs and size.

~~i)h~~ The water supply shall comply with all applicable ~~Department rules~~~~State codes~~ and local ordinances. Each ~~facility~~~~center~~ shall be served by:

- 1) Water from a municipal water system; or
- 2) A water supply that complies with the Department's rules titled Drinking Water Systems Code ~~(77 Ill. Adm. Code 900)~~; or
- 3) A water supply that complies with the Department's rules titled Public Area Sanitary Practice Code ~~(77 Ill. Adm. Code 895)~~.

~~j)~~ If the facility provides respite care (Section 260.1800(a) and (b)), transitional care (Section 260.1800(c) and (d)), weekend camps (Section 260.1800(k)), or diagnostic studies (Section 260.1800(l)), then bathing facilities, such as an assisted bathing facility, shall be provided. Bathing facilities are not required in

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facilities that provide only medical day care (Section 260.1800(j)).

k) Hot water temperatures in shower, bathing and hand-washing facilities shall not exceed 110 degrees Fahrenheit (43 degrees Celsius).

~~l)~~ All sewage and liquid wastes shall be discharged into a public sewage disposal system or shall be collected, treated, and disposed of in a private sewage disposal system that is designed, constructed, maintained and operated in accordance with the Department's rules ~~itledentitled~~ Private Sewage Disposal Code ~~(77 Ill. Adm. Code 905).~~

m) Emergency call stations shall be provided in any toilet room used by a client.

n) A request for a waiver from the requirements of this Section shall be submitted, in writing, to the Department's Division of Health Care Facilities and Programs. The waiver request shall document that strict enforcement of the life safety requirement in question will result in unreasonable hardship on the facility and a waiver will not adversely affect the health and safety of the clients. The Department will review waiver requests and will grant or deny a waiver based on whether the documentation submitted demonstrates that the hardship imposed on the facility is unreasonable and that a waiver would not adversely affect the health and safety of the clients.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 260.2500 Quality Assessment and Improvement

a) The ~~facility~~~~licensee~~ shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:

1) Ongoing monitoring and evaluation of the quality and accessibility of care and services provided at the ~~facility~~~~center~~ or under contract, including but not limited to:

A) Admission of children appropriate to the capabilities of the ~~facility~~~~center~~;

B) ~~Family~~~~Client~~ satisfaction survey;

C) Costs for delivery of services;

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- D) Infection control and safety; and
- E) Medication administration.
- 2) Identification and analysis of problems.
- 3) Identification and implementation of corrective action or changes in response to problems.
- b) The quality assessment and improvement program shall operate pursuant to a written plan supported by detailed policies and procedures, which shall include, but not be limited to:
 - 1) A detailed statement of ~~its~~ goals and objectives;
 - 2) The methodology and criteria that will be used to meet each stated goal;
 - 3) The action plans for addressing problems;
 - 4) Procedures for evaluating the effectiveness of action plans and revising action plans to prevent reoccurrence of problems;
 - 5) Procedures for documenting the activities of the program; and
 - 6) Identification of the persons responsible for administering the program.
- c) The ~~facility~~center shall report to the Department, no later than 5 p.m. the next business day, any serious incident or accident involving a child. The report shall include the name of the child, a description of the incident or accident, and the date and time of the incident or accident. Incidents or accidents include, but are not limited to:
 - 1) A serious injury to a child, including while in a restraint;
 - ~~2) A child's death while he or she is a resident in the center; or~~
 - ~~2)3)~~ A serious medication error resulting in medical intervention or~~and/or~~ hospitalization; or;

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3) A child's death while he or she is a resident in the facility.

- d) The ~~facility~~licensee shall afford the Department and the Board access to any materials or documents generated pursuant to the ~~facility's~~center's quality assessment and improvement program or that otherwise relate to client demand, utilization and satisfaction; cost effectiveness; financial viability of the ~~facility~~center; and access to services. ~~—This information shall be used by the Department and the Board to evaluate and assess the center in relation to the Demonstration Program.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)